CanHealth & Dental Plans Ltd.

Employee Data Form

Company: _____ Group: _____ ID: _____

Employee: _____ ❒ Male ❒ Female
First Name Initial Last Name

Address: _____

_____
City Province Postal Code

Phone #: ( ) _____

Date of Birth: _____
Day / Month / Year

Birth Date
Day / Month / Year

Spouse: _____ _____

Dependants: _____ _____

_____ _____

_____ _____

_____ _____

Employee's Signature if coverage waived: _____ Date: _____

Employee's Authorizing Employer access to total of Benefits used:
Signature: _____ Date: _____

Employee Coverage Level:

❒ Employee I ❒ Employee II ❒ Employee III
❒ Management I ❒ Management II ❒ Management III
❒ Sr. Management

Employed Date: _____ Termination Date: _____ Effective Date: _____

Employer's Signature: _____

Please return this form to your administrator A.S.A.P.

Then return to:

CanHealth & Dental Plans Ltd.
ATT: Administration
PO Box 79
Enderby, BC V0E 1V0

Phone: (250) 838-6848 Toll Free: (866) 566-6848
Fax: (250) 838-9562